



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid _____

Date _____

RECEIVED

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Colony Surf Club Home Tel: 360.877.5413
Mailing Address 50 N. Colony Ct. Work Tel: _____
City Lillywaup State Wa Zip+4 98555 FAX: _____

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Chris Nubbe / J.W. Morrisette and Assoc. Mike Pena Home Tel: _____
Mailing Address 1700 Cooper Pt. Rd. S.W. #B-2 Work Tel: 360.352.9456 360-877-5434
City Lillywaup Olympia State Wa Zip+4 98502 FAX: 360.352.9990
Relationship to applicant Engineer 98555

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than additional 300 gallons per minute from a ground water for the purpose(s) of domestic use (200 gpm additional from upper well, 100 gpm additional from lower well) (SO2) (SO1)

ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.)

NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 193.9 ac/ft/yr additional, 227.5 ac/ft/yr total

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From _____ to _____

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>2</u> well(s).		
Number of diversions: _____						<u>1 existing (380' deep well SO1)</u> <u>1 new</u>		
Source flows into (name of body of water):						Size & depth of well(s): So 1: 10"x380' (So 2: 10"x82') = <u>off-line back-up well</u>		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: So 1: 4028 W and 3028 S of NE 9 T23N 3W, So 2: 1313 E and 1054 S of NW 10 T23N 3W								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NE	SW	9	23	3	Mason	100		Colony Surf 6
NW	NW	10	23	3	Mason			Colony Surf 1
For Ecology Use Date Received: <u>5/23/01</u> Priority Date: <u>5/23/01</u>								
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete: <u>6/26/01</u> By: <u>SC</u> Date Returned: _____ By: _____ WRIA: <u>16</u>								

ECY 040-1-14
Rev. 7/97 ***f

APPLICATION

Appl. No.: 62-29997

6/26/02
Mike Pena says they
will drill a new well
to replace SO2 within
the SW ¼ of Sect 9
1-21-2003
in W ½ of Sect 9
(SO3)

revised
6/26/02
per meeting
w/ Mike Pena
revised
1-21-2003
new well was drilled
in W ½ Sect 9
(SO3)
needs
re-advise
location

location of new well

1400' South and 1600'
west of the NE corner
of Section 9

ad for NE $\frac{1}{4}$

10

10/26/21

10/26/21

22 10/26/21

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Colony Surf Water Supply ID 14080B
- B. Briefly describe your proposed water system. **(See instructions.)**
The wells pump to storage reservoirs. The low level system is served by gravity pressure from the lower reservoir. The upper level system is served by booster pumps which draft from the reservoirs.
- C. ☐ Yes Do you already have any water rights or claims associated with this property or system?
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 455 Type of connection homes
(Homes, Apartment, Recreational, etc.)
- B. ☐ No Are you within the area of an approved water system?
If yes, explain why you are unable to connect to the system. _____
Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. ☐ No Do you have a current water system plan approved by the Washington State Department of Health?
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. ☐ No Do you have an approved conservation plan?
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ No
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ No
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

APPLICATION

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

Yes

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Shelton, go north on hwy 101 to entrance of Colony Surf Estates (Kona Plaza)

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

No

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Water System Purveyor

B. Does the applicant own the land on which the water source is located?

Yes

If no, submit a copy of agreement.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.


Applicant (or authorized representative)

3 May 2001
Date

Same
Landowner for place of use (if same as applicant, write "same")

Date

APPLICATION